



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2017

Non-Profit Corporation

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number 30393		2. Exact name of the Corporation TRINITY UNITED METHODIST CHURCH			
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island CHRISTIAN MINISTRY TO THE COMMUNITY AND THE WORLD THROUGH WORSHIP SERVICES, OUTREACH AND MISSIONARY WORK			
4. NAICS Code 813319 - Other Social Adv <input type="checkbox"/>					
6. Principal Office Address 375 BROAD STREET		City PROVIDENCE	State RI	Zip 02907	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name MICHAEL WILLIAMS			Vice-President Name LUCIA JACKSON-BARCON		
Street Address 56 BELFORT AVE			Street Address 375 BROAD ST.		
City WARWICK	State RI	Zip 02889	City PROVIDENCE	State RI	Zip 02907
Secretary Name ABRAHAM ALLISON			Treasurer Name BETTY CLINTON		
Street Address 28 BURNSIDE STREET			Street Address 43 PAINE STREET		
City CRANSTON	State RI	Zip 02910	City CRANSTON	State RI	Zip 02910
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name MICHAELYN WREH-HNE			Director Name CHAUNCEY GOODRIDGE		
Street Address 375 BROAD STEET			Street Address 95 ARTCHAMBAULT AVE.		
City PROVIDENCE	State RI	Zip 02907	City WEST WARWICK	State RI	Zip 02893
Director Name RICHARDSON OGIDAN			Director Name RODNEY CARTER		
Street Address 127 WARRINGTON STREET			Street Address 375 BROAD STREET		
City PROVIDENCE	State RI	Zip 02907	City PROVIDENCE	State RI	Zip 02907
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative MICHAEL WILLIAMS				Date JUNE 15, 2017	
Signature of Officer/Authorized Representative					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED

JUN 23 2017

BY

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FORM 631 - Revised: 05/2017